

# Notes/Changes

- Briefer – if service members are completing the health assessment through AKO you may hide/omit/modify slides 23 through 29. They are for use if the service member is filling out the hard copy form DD 2796
- V03.06 – added Post-Deployment Health Reassessment Form information

# OPERATION ENDURING FREEDOM

## Redeployment Preventive Medicine Measures (Afghanistan)

**Presenter's Name**  
**Presenter's Command**  
**Local Contact Information**



**Prepared by:**  
**U.S. Army Center for Health Promotion and Preventive  
Medicine**

**(800) 222-9698/ DSN 584-4375/(410) 436-4375**

**<http://usachppm.apgea.army.mil>**

# Redeployment Medical Briefing

- Purpose of this briefing
- Background on health concerns
- Medical health threats for Afghanistan
- Redeployment medical requirements
- The DoD Deployment Health Clinical Center
- Homecoming



# Purpose

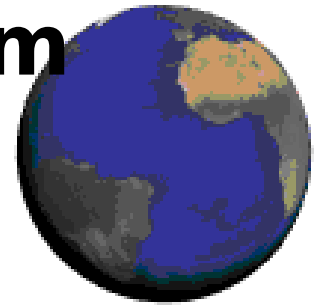
To ensure that any concerns you may have about your health are addressed and that you understand the medical requirements for re-deployment





# Background

- **Some US and Coalition Forces are redeploying from support of Operation Enduring Freedom**
- **Force health protection and addressing concerns you might have about your health are very important**



# STAYING HEALTHY GUIDE

- Unfold YOUR *Redeployment Guide*
- Basic information and resources
- Reference Guide for this Briefing



**This guide is for use by all active/reserve component military, civilian, retiree, and contractor personnel. Any individual who is returning from any type of military operation should keep and refer to this guide.**

# Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - Know where to go for health problems or concerns after you return home
- Home Station
  - Tuberculosis skin test, blood draw and any referral appointments, DD2900

# Common Health Problems

The most commonly reported health problems observed in theater:

- Upper respiratory illness
- Diarrhea





# Upper Respiratory Infection

- Can be caused by a number of different things, viruses, bacteria, dust particles
- The contributing factors are close living quarters, variation in sleep routine, stress, change in hygiene habits
- Symptoms resolve in a few days
- If you are experiencing signs of a cold, like draining sinuses, sore throat or cough for more than 2 weeks, seek medical attention

# Medical Threats for the Region

## High Risks

- Food and Waterborne - Diarrheal diseases, Hepatitis A, Typhoid/Paratyphoid Fever
- Vector borne - Malaria, Cutaneous Leishmaniasis
- Sexually Transmitted - Hepatitis B
- Animal Contact - Rabies

# Diarrheal Diseases

- It is normal for almost everyone to have some bowel disturbances due to changes in diet and eating habits
- Can be caused by bacteria, viruses, or parasites
- If you currently have diarrhea symptoms (loose watery stools, more than 3 times per day), speak to a health care provider

# Vector-Borne Diseases: Malaria

- Blood parasite transmitted by mosquitoes
  - From March to November, up to 10 percent of personnel exposed to mosquitoes could contract malaria
  - Incubation period: 7 to 14 days
  - Symptoms: fever, flu-like illness, chills, headache, muscle aches, and fatigue
  - 1 to 7 days of inpatient care



**Take anti-malaria drugs as directed to avoid getting sick!**



# Vector-Borne Diseases: Leishmaniasis

- A parasite transmitted by sand fly bites
- Symptoms
  - Non-healing sores
  - Sometimes - fever, weight loss, weakness, anemia, swelling of spleen and liver
  - Symptoms can appear weeks to months after getting bitten
- If you experience any of these symptoms, while deployed or after you get home, make sure you speak to a health care provider!



**Sand flies are very small - only one-third the size of mosquitoes.**

The background of the slide is a faded American flag, showing the stars and stripes. The title is enclosed in a red-bordered box.

# **Sexually Transmitted and Bloodborne Diseases**

- Hepatitis B

**If you abstained from sexual contact  
while deployed, you are not at risk for  
STDs**

# Animal Contact Diseases

## Rabies

- The wild dogs roaming troop areas could be carrying rabies
- The risk of rabies in Afghanistan is among the highest in the world
- Caused by virus in the saliva of infected mammals or bats
- Rabies is nearly 100% fatal
- If you were bitten by a dog or any other animal, post-exposure treatment must be started immediately

# **Diseases of Intermediate Risk**

- Food-borne: Brucellosis and Hepatitis E
- Vector-borne: Crimean-Congo fever, visceral leishmaniasis, sand fly fever, scrub typhus, and West Nile virus



# **Diseases of Intermediate Risk (continued)**

- Sexually transmitted: Gonorrhea, chlamydia, HIV/AIDS
- Animal contact: Anthrax, Q fever, Avian Influenza
- Water contact: Leptospirosis
- Respiratory: Tuberculosis

**If you abstained from sexual contact while deployed,  
you are not at risk for STDs**

# Animal Contact Diseases

## Avian Influenza H5N1

- Rare cases of H5N1 influenza could occur in operational forces exposed to infected poultry flocks.
- In the unlikely event that H5N1 influenza gains the ability to efficiently spread directly from person to person, initiating a human influenza pandemic, a significant number of operational forces worldwide could be affected.
- Very severe illness; fatality rate higher than 50% in symptomatic cases
- Seek medical treatment immediately if you feel ill.

# Environmental Threats

- Destroyed factories may have released contaminants into the environment such as asbestos, lead and industrial wastes
- Few air contamination issues other than high levels of particulate matter (dust)
- No solid waste collection and treatment system exists
- Greatest short-term health risks are ingestion of food or water contaminated fecal pathogens

# Redeployment Requirements

- **In-theater**

- Redeployment medical threat briefing
- **Post-deployment health assessment (DD Form 2796)**
- Post-deployment medical screening, testing, and follow-up
- Know where to go for health problems or concerns after you return home

- **Home Station**

- Tuberculosis skin test, blood draw and referral appointments, DD2900





- Available through AKO under the "My Medical Readiness" link

Wednesday, 15 March 2006

Search **All AKO** This Site [Group Management](#) [Send Feedback](#) [Send AKO Link](#) [Add to my Favorites](#)

AKO Site  
AKO File  
DA Pubs & Forms  
People (White Pages)  
[Create AKO Content](#)

Content Directory

Pages Files Forums

My Medical Readin...  
PDHRA Commander P...  
PDHRA Soldier Page

My Favorites [\[Edit\]](#)

Pages Links Files Forums

CRC / Safety  
72D/E - ESO/Sani Eng  
Army Publishing Dir  
MEDCOM  
MEDKN Home

Army Organizations  
Self Service  
Reference

Physical Exam Data Entry

Effective 1 December 2005, the results of the physical exam, which consist of PE, PULHES serial, physical condition and physical source will be entered directly at the Point of Service (POS) into MEDPROS. The Physical Exam data will be transferred electronically to TAPDB for all Army units. TAPDB will in turn feed other DA source systems.

[Point of Service Physical Exam Data Entry into MEDPROS Memorandum](#)

Deployment Health Assessments

Soldiers deploying or redeploying from theater can now complete their portion of the Pre, Post or Post Deployment Health Reassessment online before their scheduled deployment processing at which time a medical provider will complete the assessment with the Soldier. Click here [\(DHA\)](#) to begin your assessment.

Post Deployment Health Re-Assessment (PDHRA)

**MEDPROS**  
POST DEPLOYMENT HEALTH REASSESSMENT

for deployments. Volunteers are top priority for selection to impending deployment battle rosters on the PROFIS Deployment System (PDS). For those selected, PDS offers predictability and preparation.

Visit the MEDCOM Volunteer Web site at:  
<http://www.mods.army.mil>

Additional Resources:

[TSG Volunteer Memorandum](#)  
[OTSG/MEDCOM Memorandum 06-003](#)

Weigh to Stay Program

**Want to lose weight?** Weigh to Stay is the Army's intensive standardized weight management and education program. This program includes a three part education series with designated follow-ups. Weigh to Stay will provide soldiers with the tools needed to learn and establish healthy eating and exercise habits. Currently this program is being offered to the USAR in CONUS and both AD and USAR Soldiers who are deployed through an internet collaborative platform. The training is real time conducted from the comfort of your own computer. All you need is a dedicated

# DEPLOYMENT HEALTH ASSESSMENTS

## Deployment Health Assessments

Pre Deployment  
DD2795

Post  
Deployment  
DD2796

Post  
Deployment  
Health  
Reassessment  
DD2900

Deployment  
Health  
Assessment

Please select the survey you would like to view, edit, or complete

PRE DEPLOYMENT HEALTH ASSESSMENT FORM

DD2795

POST DEPLOYMENT HEALTH ASSESSMENT FORM

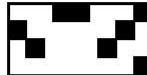
DD2796

POST DEPLOYMENT HEALTH REASSESSMENT FORM

DD2900

# Post-Deployment Health Assessment Form

## Page 1: Service Member Administrative Information



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POST-DEPLOYMENT

Health Assessment



Authority: 10 U.S.C. 136 Chapter 55. 10741, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

### Demographics

Last Name

First Name

MI

Name of Your Unit or Ship during this Deployment

#### Gender

- ☐ Male  
☐ Female

#### Service Branch

- ☐ Air Force  
☐ Army  
☐ Coast Guard  
☐ Marine Corps  
☐ Navy  
☐ Other

#### Component

- ☐ Active Duty  
☐ National Guard  
☐ Reserves  
☐ Civilian Government Employee

#### Location of Operation

- ☐ Europe  
☐ SW Asia  
☐ SE Asia  
☐ Asia (Other)  
☐ Australia  
☐ Africa  
☐ Central America  
☐ Unknown  
☐ South America  
☐ North America  
☐ Other

To what areas were you mainly deployed:  
(mark all that apply - list where/date arrived)

- ☐ Kuwait  
☐ Qatar  
☐ Afghanistan  
☐ Bosnia  
☐ On a ship

Name of Operation:

Occupational specialty during this deployment  
(MOS, NEC or AFSC)

Combat specialty:

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Date of arrival in theater (dd/mm/yyyy)

Date of departure from theater (dd/mm/yyyy)

#### Pay Grade

- ☐ E1  
☐ E2  
☐ E3  
☐ E4  
☐ E5  
☐ E6  
☐ E7  
☐ E8  
☐ E9  
☐ O01  
☐ O02  
☐ O03  
☐ O04  
☐ O05  
☐ O06  
☐ O07  
☐ O08  
☐ O09  
☐ O10  
☐ W1  
☐ W2  
☐ W3  
☐ W4  
☐ W5  
☐ Other

- ☐ Iraq  
☐ Turkey  
☐ Uzbekistan  
☐ Kosovo  
☐ CONUS  
☐ Other

### Administrator Use Only

Indicate the status of each of the following:

Yes No N/A

- ☐ ☐ ☐ Medical threat debriefing completed  
☐ ☐ ☐ Medical information sheet distributed  
☐ ☐ ☐ Post Deployment serum specimen collected

Reset



DD FORM 2796, APR 2003

PREVIOUS EDITION IS OBSOLETE.

ASD(HA) APPROVED



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# Post-Deployment Health Assessment Form

- DD Form 2796 must be completed no more than 30 days prior to departing for home station
- Page 1: Administrative information
  - Deployment location
  - Country, list all
  - Operation Enduring Freedom

**\*You will need your DD 2796 in hand to depart from theater\***

**Do not pack it in your bags**



# Post-Deployment Health Assessment Form

Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

- ☐ Health stayed about the same or got better  
☐ Health got worse

2. How many times were you seen in sick call during this deployment?

--	--

No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- ☐ No  
☐ Yes, reason/dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did you receive any vaccinations just before or during this deployment?

- ☐ Smallpox (leaves a scar on the arm)  
☐ Anthrax  
☐ Botulism  
☐ Typhoid  
☐ Meningococcal  
☐ Other, list: \_\_\_\_\_  
☐ Don't know  
☐ None

5. Did you take any of the following medications during this deployment?

(mark all that apply)

- ☐ PB (pyridostigmine bromide) nerve agent pill  
☐ Mark-1 antidote kit  
☐ Anti-malaria pills  
☐ Pills to stay awake, such as dexedrine  
☐ Other, please list \_\_\_\_\_  
☐ Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now	No	Yes During	Yes Now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chest pain or pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dizziness, fainting, light headedness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty breathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Still feeling tired after sleeping
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty remembering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Diarrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Frequent indigestion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Vomiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Ringing of the ears
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Skin diseases or rashes			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Redness of eyes with tearing			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dimming of vision, like the lights were going out			

7. Did you see anyone wounded, killed or dead during this deployment?

(mark all that apply)

- ☐ No ☐ Yes - coalition ☐ Yes - enemy ☐ Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?

- ☐ No ☐ Yes ( ☐ land ☐ sea ☐ air )

9. During this deployment, did you ever feel that you were in great danger of being killed?

- ☐ No ☐ Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

- ☐ No ☐ Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None Some A Lot

- ☐ ☐ ☐ Little interest or pleasure in doing things  
☐ ☐ ☐ Feeling down, depressed, or hopeless  
☐ ☐ ☐ Thoughts that you would be better off dead or hurting yourself in some way

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

No Yes

- ☐ ☐ Have had any nightmares about it or thought about it when you did not want to?  
☐ ☐ Tried hard not to think about it or went out of your way to avoid situations that remind you of it?  
☐ ☐ Were constantly on guard, watchful, or easily startled?  
☐ ☐ Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...

No Yes Unsure

- ☐ ☐ ☐ You may have serious conflicts with your spouse, family members, or close friends?  
☐ ☐ ☐ You might hurt or lose control with someone?

15. On how many days did you wear your MOPP over garments?

--	--

No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

--	--

No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

- ☐ No ☐ Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

- ☐ No ☐ Don't know  
☐ Yes, explain with date and location  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. While you were deployed, were you exposed to:  
(mark all that apply)

No Sometimes Often

- |                       |                       |                       |  |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | DEET insect repellent applied to skin        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide-treated uniforms                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Environmental pesticides (like area fogging) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Flea or tick collars                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide strips                             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from oil fire                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from burning trash or feces            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vehicle or truck exhaust fumes               |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tent heater smoke                            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | JP8 or other fuels                           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fog oils (smoke screen)                      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Solvents                                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Paints                                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ionizing radiation                           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Radar/microwaves                             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lasers                                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loud noises                                  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Excessive vibration                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Industrial pollution                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sand/dust                                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depleted Uranium (If yes, explain) _____     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other exposures _____                        |

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Reset

Reset

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# Post-Deployment Health Assessment Form

- Page 2: Service Member Report
  - Report vaccinations, medications, and health care during deployment process
  - Report experiences, symptoms or concerns
- Page 3: Service Member Report
  - Report possible exposures and duration
  - Identify potentially hazardous situations that may concern you

**\*You will need your DD 2796 to out-process from theater\***

# Post-Deployment Health Assessment Form

## Page 4: Health Care Provider Assessment

### Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #

—   —

#### Post-Deployment Health Care Provider Review, Interview, and Assessment

##### Interview

1. Would you say your health in general is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. Do you have any medical or dental problems that developed during this deployment? ☐ Yes ☐ No
3. Are you currently on a profile or light duty? ☐ Yes ☐ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ☐ Yes ☐ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health?  
Please list concerns: \_\_\_\_\_  
\_\_\_\_\_
6. Do you currently have any questions or concerns about your health? ☐ Yes ☐ No  
Please list concerns: \_\_\_\_\_  
\_\_\_\_\_

##### Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

##### REFERRAL INDICATED FOR:

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> None                                    | <input type="radio"/> GI            |
| <input type="radio"/> Cardiac                                 | <input type="radio"/> GU            |
| <input type="radio"/> Combat/Operational Stress Reaction      | <input type="radio"/> GYN           |
| <input type="radio"/> Dental                                  | <input type="radio"/> Mental Health |
| <input type="radio"/> Dermatologic                            | <input type="radio"/> Neurologic    |
| <input type="radio"/> ENT                                     | <input type="radio"/> Orthopedic    |
| <input type="radio"/> Eye                                     | <input type="radio"/> Pregnancy     |
| <input type="radio"/> Family Problems                         | <input type="radio"/> Pulmonary     |
| <input type="radio"/> Fatigue, Malaise, Multisystem complaint | <input type="radio"/> Other _____   |
| <input type="radio"/> Audiology                               |                                     |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### EXPOSURE CONCERNS (During deployment):

- ☐ Environmental  
☐ Occupational  
☐ Combat or mission related  
☐ None

I certify that this review process has been completed.  
Provider's signature and stamp:

\_\_\_\_\_

This visit is coded by V70.5 \_\_ 6

Date (dd/mm/yyyy)

/   /

##### End of Health Review



# Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - Know where to go for health problems or concerns after you return home
- Home Station
  - Tuberculosis skin test, blood draw and referral appointments, DD2900



# Post-Deployment Health Assessment Form

- Page 4: Health Assessment
  - Face-to-face discussion with Health Care Provider (HCP)
  - Answer based on how you are feeling today
  - Review completed DD 2796 with HCP
  - Follow-up may be recommended at home station
  - Answering yes to any questions will not delay your departure from theater

**\*Hand-carry a copy of your DD 2796 all the way through your home station out-processing\***



# Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - **Know where to go for health problems or concerns after you return home**
- Home Station
  - Tuberculosis skin test, blood draw and referral appointments, DD2900

# Post-Deployment Health Questions and Concerns

- **Step 1**
  - Be aware that some conditions (like malaria and tuberculosis) may not produce symptoms for weeks to months after you return home.
- **Step 2**
  - Contact your local MTF or civilian health care provider for problems, questions, or concerns noticed after re-deployment, and make sure to tell him/her about your deployment.
- **Step 3**
  - If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving, make sure you return to your health care provider.
- **Step 4**
  - The DoD Deployment Health Clinical Center is always available to answer your questions, and any questions your health care provider (civilian or military) may have about your health.

# **DoD Deployment Health Clinical Center**

**Walter Reed Army Medical Center**

**6900 Georgia Avenue, NW**

**Building 2, Room 3G04**

**Washington, DC 20307-5001**

**Phone: (202) 782-6563**

**Fax: (202) 782-3539**

**DSN: 662-3577**

**Toll Free Help Line: (800) 796-9699**

**<http://www.pdhealth.mil>**

**Remember “deploymenthealth.mil”**

# Redeployment Requirements

- In-theater
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- Home Station
  - **Tuberculosis skin test, blood draw and referral appointments, DD2900**



# Required Medical Screening

- Tuberculosis Skin Test
  - A skin test on the forearm to show if you have been exposed to tuberculosis
  - Delayed onset of positive test in some people requires that you be tested twice:
    - At the time of redeployment
    - At 3-6 months after redeployment (date will be shown on your DD Form 2796)
  - You must return 48-72 hours after the test to have it read and documented by a health care professional
- Blood sample taken at home station





# DD FORM 2900

- Post Deployment Health Reassessment
  - Completed 3-6 months after re-deployment
  - Must complete the demographic information portion; the remainder of the form is voluntary
  - The form will be completed through AKO or MEDPROS at a screening location
  - A healthcare provider will review and discuss your answers with you

# Blood Donation

- If you get malaria you may not donate blood for **three** years
- Soldiers who have been to Afghanistan cannot donate blood for **one** year after redeploying



# Reunion with Family and Friends

- Reunion is a part of the deployment cycle and can be filled with joy and stress. Reintegration into the family structure is a critical process.
- Refer to the ***A Soldier and Family Guide to Redeploying*** for things to remember during reunion with family and friends.
- Chaplains and counselors are available to help cope with homecoming stress.



The background of the slide is a close-up, slightly blurred image of the American flag, showing the stars and stripes. The stars are white on a blue field, and the stripes are red and white.

# Homecoming Stress

- Don't expect things to be exactly the same, especially if long deployment
- Ease back into roles; don't rush it
- Children may be withdrawn
- Spouse may be moody or depressed
- Financial and property issues may require immediate attention
- If needed, seek counseling from Chaplain or medical personnel



The background of the slide is a stylized American flag, with the stars and stripes visible. The stars are white on a blue field, and the stripes are red and white.

# Summary

- Background on health concerns
- Medical health threats
- Redeployment medical requirements
- The DoD Deployment Health Clinical Center
- Homecoming stress



The background of the slide is a close-up, slightly blurred image of the American flag, showing the stars and stripes. A white rectangular box with a thin red border is positioned in the upper left quadrant, containing the title.

# **Conclusion**

**It is important to the US military and the Nation that you enjoy good health as you rejoin your family and friends upon return to home station.**

**If you have health problems or concerns, it is critical that you let someone know. It will not delay your departure for home station.**

**Are there any questions?**